

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004493
 1. Entity Name
LAS PALMAS AT JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**

Mailing Address
**1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**



03302004 No Chg-NP CR2E037 (10/03)

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4. FEI Number **56-2281822** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RODRIGUEZ, JOANNA C
 1300 GREENRIDGE ROAD
 JACKSONVILLE, FL 32207**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000107405
 04/09/04-80013-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, JOANNA C
STREET ADDRESS	1300 GREENRIDGE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	RODRIGUEZ, ALBERT F
STREET ADDRESS	1300 GREENRIDGE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	CENCI, CHRIS
STREET ADDRESS	214 SIXTH AVENUE SOUTH APT. #2
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanna Rodriguez **JOANNA RODRIGUEZ** 4/7/04 (904)396-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #